

United States District Court
Western District of Wisconsin

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MS. Emmie Mims

(Full name of plaintiff[s])

PETER OPPENEER
CLERK US DIST COURT
WD OF WI

Case No. 17 C 238 - me
(Provided by clerk of court)

Plaintiff(s),

The Rodeway Inn and Suites and Named Insurer unknown unto plaintiff at this time Then Named General manager, Jignesh Patel In Individual and official capacities, and All other unknown parties unknown at this time.
(Full name of defendant[s])

Defendant(s).

COMPLAINT UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

I. [REDACTED]

A. Is there a grievance procedure [REDACTED] YES ☐ NO ☒

B. Have you filed a grievance concerning the facts relating to this complaint?
YES ☒ NO ☐

C. If you have used the grievance process:

1. Describe what you did and the result, if any.

Plaintiff and Care Taker called madison police Dept. unto Scene (see Report Attached)

2. Is the grievance process completed? yes

D. If you did not use the grievance process, explain why not.

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II. PARTIES

(-pages 1 through 6-)

- A. Your name (Plaintiff) MS. Emmie Mims
- B. [REDACTED]
- C. Your address C/o Roy Mitchell (Daughter) 101 East miFFlin Street Apt. #804 Madison, WI 53703
(For additional plaintiffs provide the same information in the same format on a separate page.) The Rodeway Inn & Suites (Owner) unknown
- D. DEFENDANT (name) unto plaintiff at Time / Jignesh Patel
is employed as then General Manager Jignesh Patel
at 4845 Hayes Road Madison, WI 53704
- E. Additional DEFENDANTS (names and positions):
All other Responsible parties unknown
at this Time and Named Insurer Also
unknown At this Time

III. PREVIOUS LAWSUITS

- A. Have you begun other lawsuits in state or federal court relating to the same facts involved in this action? YES ☐ NO ☒
- B. [REDACTED]
- C. If your answer is YES to either of the above questions, provide the following requested information.
1. Parties to the previous lawsuit
- Plaintiff(s): _____
- _____
- Defendant(s): _____
- _____
2. Date filed _____
3. Court where case filed (if federal court, name district; if state court, name the

- county) _____
4. Case number and citation _____
5. Basic claim made _____
6. Current status (for example: Was the case dismissed? Was it appealed? Is it still pending?) _____
7. If resolved, date of disposition _____
8. If resolved, state whether for _____
(Plaintiff or Defendant)

(For additional cases, provide the above information in the same format on a separate page.)

IV. STATEMENT OF CLAIM

- A. State as briefly as possible the facts of your case. Describe how each named defendant is involved. Include the names of other persons involved, dates, and places. Describe specifically the injuries incurred. Do not give legal arguments or cite cases or statutes. You may do that in Item "B" below. If you allege related claims, number and set forth each claim in a separate paragraph. Use as much space as you need to state the facts. Attach extra sheets, if necessary. Unrelated separate claims should be raised in a separate civil action.

As Material Factually set forth in Relevantly Vital Attached Exhibit, please see Attached Madison police Dept. police Report #14-176922 plaintiff Ms. Emmie Mims an "Amputee" wheel chair Bound Legally Blind Disabled person Accompanied by Care giver and Daughter MS. Roy Mitchell then Homeless was given a Voucher by the local Salvation Army To reside at the Rodeway Inn & Suites an accepting recipient of the Voucher in which Also Covered Disabilities Handicap accessible Accommodation's Accessibility Rooming and Services in month of May, 2014 upon plaintiff and her Care giver / Daughter Arrival at the Rodeway Inn & Suites they were plaintiff and her Daughter Checked in and Provided Disability Accessibility Accommodation

STATEMENT OF CLAIM continued

Room number #109 please so see Attached vitally Relevant Exhibit a Room Handicap/Disabled Accommodational Accessible Ready the SALVATION Army Voucher provided unto plaintiff and Care giver Covered the Disability Accessibility Accommodational Service on or Around June 4th 2014 plaintiff and Care giver were Summons unto the Establishments front Desk by then General Manager, Mr. Jignesh Patel and ordered to Pack up belongings for he has decided to relocate US into Room # 303 Located in the Establishment Basement in which required going down Numerous flights of Stairs and or Traveling around the Establishment "U" Shaped parking lot for Accessibility being due unto the fact plaintiff a Wheel-Chair Bound Amputee in whom is ALSO medically determined Legally Blind Could not so Access due unto Amputation Condition in which enabled plaintiff's Access unto the reAssigned Room due unto being wheelchaired Bound which made it impossible for her to so Access via Stair Caseing plaintiff was wheeled Around Establishments "U" Shaped parking lot by Caretaker and Daughter Ms. Roy Mitchell to Access reassigned Room # 303 upon Arrival unto Room # 303 plaintiff and Care giver Discovered the Room # 303 was Not Handicap Accessible bathroom Absordly small as well as Room Making it Virtually impossible for plaintiff to move around in wheelChair as She was so Able to in Originally Assigned Handicap Accessible Room # 109 in which forced plaintiff to crawl out of her wheelChair to Access Bath Room and Bed as so Factually set forth in Attached

STATEMENT OF CLAIM continued

Madison police Dept. Report, plaintiff Caregiver repeatedly Com-
 plained unto Named Defendant then General manager Mr. Tignesh Pa-
 tel, and was continually met with ill-mannered Response and threats
 of being Kicked out if she continued to complain, Please note and the
 Named Defendant's records will set forth that From the date of orde-
 r, to move From Handicap Accessible Room #109 up unto Date
 of Summons by plaintiff and Caretaker unto Madison police Dept
 Room #109 was unoccupied and not Assigned and/or in use by
 by newly Arrival guest roughly a week into being reloc-
 unto Room #303 plaintiff herself being Caregiver was Asleep
 Attempted to so wheel herself around the "U" Shaped parking
 Lot of the Establishment to obtain the provided unto All guest
 Continental Breakfast and was nearly stuck by a Truck Speeding
 around the Establishment's "U" Shaped Parking lot, Plaintiff and caregiver at this
 Time Dec- B. State briefly your legal theory or cite appropriate authority.

ided to Sumon
 Madison, Police.

Plaintiff and Caregiver so bring this Action unto
 the Court due unto Established (A.D.A) American
 Disability Act, Violations Imminently imposed
 unto plaintiff a Chronically physically Impaired
 person, very well known unto Named Defendants
 at the time of (A.D.A) Malicious Deliberately Indiff-
 ertly, Violatory transgressions and maltreatments
 unto plaintiff by the named defendants

V. RELIEF YOU REQUEST

State briefly and exactly what you want the court to do for you. Make no legal arguments. Do not use this space to state the facts of your claim. Use it only to request remedies for the injuries you complain about.

Due unto the undue physical, psychological, emotionally and mental Hardships and Anguish plaintiff request relief monetary Damages in the Amount of \$ 1,000,000.⁰⁰ and Apologize unto plaintiff and Daughter MS. Roy Mitchell whom is plaintiff's Caregiver at time of Infringement's and so continues, to date.

I declare under penalty of perjury that the foregoing is true and correct.

Complaint signed this 22 day of March, 20 17.

Signature of Plaintiff(s)



(If there are multiple plaintiffs, each must sign the complaint)

